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CONFIRMATION NO. 9205

SERIAL NUMBER 10/714,646	FILING DATE 11/18/2003 RULE	CLASS 482	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. MR1115-489
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APPLICANTS

Yun Yu Chuang, San Chong City, TAIWAN;

 Ming Hung Lin, San Chong City, TAIWAN;
 Pei Sung Chuang, Taipei, TAIWAN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 8	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

 04586
 ROSENBERG, KLEIN & LEE
 3458 ELLICOTT CENTER DRIVE-SUITE 101
 ELLICOTT CITY, MD
 21043

TITLE

Data transmission device of wrist exerciser

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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